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NOTICE OF APPEAL FROM THE PRIMARY EXAMINER
TO THE BOARD OF APPEALS

#13

Applicants: Hiten D. Madhani and Eric S. Lander
Application No.: 09/439,969 Group: 1636
Filed: November 12, 1999 Examiner: G.G. Leffers, Jr.
For: Targets Of The MAP Kinase Pathway In The Developmental Switch in Yeast

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Assistant Commissioner for Patents, P.O. Box 2327, Arlington, VA 22202	
on <u>6/19/02</u>	<u>Paula Depelteau</u>
Date	Signature
<u>PAULA DEPELTEAU</u>	
Typed or printed name of person signing certificate	

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JUN 27 2002

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Box AF
Assistant Commissioner for Patents
P.O. Box 2327
Arlington, VA 22202

Sir:

Applicants hereby appeal to the Board of Appeals from the decision dated December 19, 2001 of the Primary Examiner finally rejecting Claims 9, 11, 15 and 19. The item(s) checked below are appropriate:

1. ☒ Applicants hereby petition to extend the time for filing a Notice of Appeal in response to the Office Action Made Final dated December 19, 2001 for three months from March 19, 2002 to June 19, 2002.
2. ☐ A ☐ month extension of time to respond to the Office Action Made Final dated ☐ was filed on ☐ with payment of a \$☐ fee.
☐ Applicant hereby petitions for an additional ☐ month extension of time to respond to the Office Action Made Final.
3. ☐ A Request for Oral Hearing before the Board of Patent Appeals and Interferences is being filed concurrently herewith.

06/26/2002 RND/DAF1 00000050 09439969
01 FC:119
02 FC:117
320.00 OP
920.00 OP

4. Fees are submitted for the following:

<input checked="" type="checkbox"/>	Extension of Time for one month		\$ 920.00
<input type="checkbox"/>	Additional Extension of Time:		
	Fee for Extension	(<input type="checkbox"/> mo.)	\$ _____
	Less fee paid	(<input type="checkbox"/> mo.)	- \$ _____
	Balance of fee due		\$ 0
<input checked="" type="checkbox"/>	Notice of Appeal		\$ 320.00
<input type="checkbox"/>	Other _____		\$ _____
		TOTAL	\$ 1240

5. The method of payment for the total fees is as follows:

- ☒ A check in the amount of \$1,240.00 is enclosed.
- ☐ Please charge Deposit Account No. 08-0380 in the amount of \$[].

Please charge any deficiency or credit any overpayment in the fees that may be due in this matter to Deposit Account No. 08-0380. A copy of this document is enclosed for accounting purposes.

Respectfully submitted,
HAMILTON, BROOK, SMITH, REYNOLDS, P.C.

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Date: 6/19/02